

**CITY OF WESTMINSTER**

FINANCE DEPARTMENT
8200 Westminster Boulevard
Westminster CA 92683
(714) 898-3311

DOG LICENSE APPLICATION**Date**

Dog's Name: _____ Age: _____ Sex: _____ Spayed/Neutered ☐
(check if yes)

Breed: _____ Color: _____

Owner Name: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Mailing Address (if different): _____

Mailing City: _____ Mailing State: _____ Zip: _____

Fee Schedule	
Standard	\$50.00
Spay/Neuter	\$13.00
Senior Citizen	\$6.50
Late Fee	\$25.00
Total Paid	\$

To pay by check, please make payable to City of Westminster

To pay by credit card, please fill in the information below:

Name on Card: _____

Card #:

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Expiration Date: ____/____ Signature: _____

PLEASE CHECK BOXES BELOW FOR ANY CERTIFICATES OR DOCUMENTATION YOU ARE ENCLOSING

- ☐ Photocopy of Rabies Certificate
☐ Photocopy of Spay/Neuter Certificate
☐ Photocopy of Proof of Age (Senior Citizen)